

**LOBBYING SUPPLEMENTAL REGISTRATION FORM****To be used for changes to registrations and terminations.****Instructions**

- Print in ink or type.
- Complete form and return to the Board of Ethics, 2415 Quail Dr., Third Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representation.

**FOR OFFICE USE ONLY**

LSWPP 08/23/04

**1041287**1. NAME Johnson Ronnie L  
Last First MI2. BUSINESS PHONE (225) 383-9000  
Area Code and Phone Number3. BUSINESS ADDRESS One American Place, 14<sup>th</sup> Fl. Baton Rouge, LA 70825  
Street and No. City State ZipMAILING ADDRESS Same  
Street and No. City State Zip4. EMPLOYER McGlinchey Stafford, PLLC5. EMPLOYER'S ADDRESS Same  
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Taylor EnergyAddress P.O. Box 53009, New Orleans, LA 70153-3009Business or purpose Oil Company☒ New RepresentationDoes this person pay you? NoIf No, who pays you? McGlinchey Stafford

Terminated Representation as of \_\_\_\_\_

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ETICS  
OFFICE  
RECEIVED  
REGISTRATION

# LOBBYING REGISTRATION FORM



2. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [L.S.A.-R.S. 24:50 et seq.] has been deliberately omitted.

Ronnie L. Johnson  
Signature of Lobbyist